

The United States of America is authorized to inquire about your financial condition and economic circumstances and may verify any information provided in this Financial Disclosure Statement.

This statement is considered incomplete unless you have (1) completed each section fully and accurately, including those sections applicable to your spouse (if not relevant information, enter “Not Applicable” or “N/A”), (2) provided all supportive documentation in your custody, possession, and control identified in [Section 17](#) of this disclosure statement, (3) certified that the information contained herein is true and correct as of the date that you submit this form to the United States Attorney's Office as set forth in the attached [Certification](#), and (4) initialed the bottom of each page of this form acknowledging that the information you are providing is current, accurate, and complete as of the date that you are submitting it.

I ☐ am ☐ am not (*check one*) represented by counsel in the collection of this debt. If I am represented by counsel, I acknowledge having reviewed the foregoing instructions with my counsel, _____

(name, phone number, email).

NOTE: If additional space is needed in completing any of the sections on this statement, please make a copy of the relevant page(s) and attach it to this form.

Authority for the solicitation of the requested information includes one or more of the following: 5 U.S.C. § 301, 901 (*see Note*, Executive Order 6166, June 10, 1933); 28 U.S.C. § 501–530A; 28 U.S.C. § 1651, 3201–3206; 31 U.S.C. § 3701–3731; 44 U.S.C. § 3101; 31 C.F.R. Part 900 et seq.; 28 C.F.R. § 0.160, 0.171 and Appendix to Subpart Y; and 18 U.S.C. § 3664(d)(3).

The principal purpose for gathering this information is to evaluate your ability to pay the government's claim or judgment against you. Routine uses of the information are established in the applicable Privacy Act Systems of Records Notice: JUSTICE/DOJ-001 Accounting Systems for the Department of Justice - 69 FR 31406; JUSTICE/DOJ-016 Debt Collection Enforcement System - 77 FR 9965; JUSTICE/TAX-001 Criminal Tax Case Files, Special Project Files, Docket Cards, and Associated Records - 71 FR 11446, 447; JUSTICE/USA-005 Civil Case Files - 53 FR 1864; and JUSTICE/USA-007 Criminal Case Files - 53 FR 1864. Disclosure of the information is voluntary. If the requested information is not furnished, the United States may seek disclosure through other means.

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SECTION 1: PERSONAL IDENTIFICATION – DEBTOR

First Name:		Middle Name:		Last Name:		Subtitle (<i>e.g., Jr., Sr., II, III</i>):	
Other Names Used:		Social Security No:		Date of Birth:		Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> _____	
Home Address (<i>Street, City, State & Zip Code</i>):						Years at Address:	
						Rent <input type="checkbox"/> Own <input type="checkbox"/>	
If renting, to whom do you pay rent? (<i>Name, Address, Phone Number</i>)							
Do you plan to move from this residence? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when? _____ If yes, where to? _____							
Mailing Address (<i>If Different from Residence/Home Address</i>):							
Home Telephone:		Cellular/Mobile Telephone:		Work Telephone (<i>incl. ext.</i>):		Other Telephone:	
All E-mail Address(es) used by you:							
All social media account(s) used by you: (<i>e.g., Facebook, LinkedIn, etc. Also, include Social Media name used on the account(s)</i>)							
Do you possess a passport?		If yes, Country of Issue:		Date Issued:		Expiration Date:	
Yes <input type="checkbox"/> No <input type="checkbox"/>							
Where is the passport?				Are you a United States Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>			

SECTION 2: MARITAL STATUS – DEBTOR

<input type="checkbox"/> Single (<i>Never Married</i>)	<input type="checkbox"/> Married As of: _____	<input type="checkbox"/> Legally Separated As of: _____	<input type="checkbox"/> Divorced As of: _____ County/Judicial District: _____	<input type="checkbox"/> Widowed As of: _____
Do you or your spouse receive (<i>check all that apply</i>): Alimony <input type="checkbox"/> Child Support <input type="checkbox"/> Voluntary Payments <input type="checkbox"/>				
Alimony Amount: \$ _____		Child Support Amount: \$ _____		Voluntary Payment Amount: \$ _____
Source: _____		Source: _____		Source: _____

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SECTION 3: PERSONAL IDENTIFICATION – SPOUSE

First Name:	Middle Name:	Last Name:	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> _____
Other Names Used:	Social Security No:	Date of Birth:	Drivers Lic. No./State:
Home Telephone:	Cellular/Mobile Telephone:	Work Telephone (<i>incl. ext.</i>):	Other Telephone:
Email Address(es):			
Home Address (<i>Street, City, State & Zip Code</i>):			Years at Address:
			Rent <input type="checkbox"/> Own <input type="checkbox"/>
If renting, to whom do you pay rent? (<i>Name, Address, Phone Number</i>)			

SECTION 4: FAMILY MEMBERS/RELATIVES – DEBTOR

Father's First Name:	Father's Last Name:	Mother's First Name:	Mother's Last Name:
Father's Date of Birth:	Father's Date of Death:	Mother's Date of Birth:	Mother's Date of Death:
Address:		Address:	
Adult Child's First Name:	Adult Child's Last Name:	Adult Child's First Name:	Adult Child's Last Name:
Address:		Address:	
Adult Child's First Name:	Adult Child's Last Name:	Adult Child's First Name:	Adult Child's Last Name:
Address:		Address:	
Sibling's First Name:	Sibling's Last Name:	Sibling's First Name:	Sibling's Last Name:
Address:		Address:	
Sibling's First Name:	Sibling's Last Name:	Sibling's First Name:	Sibling's Last Name:
Address:		Address:	

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List name(s) and address(es) of ALL DEPENDENTS (e.g., minor children) who live or do not live with you:

Name and Address	Date of Birth	Does the child/dependent primarily reside with you?	Dependent's Monthly Income (e.g., child support, gov't assistance)	List any child support in arrears
		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	\$
		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	\$
		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	\$
		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	\$
		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	\$
		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	\$

SECTION 5: EMPLOYMENT/WORK DATA – DEBTOR (Include all work arrangements, whether employee, contractor, seasonal, etc.)

Do you have a job? Yes <input type="checkbox"/> No <input type="checkbox"/>	Self-Employed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Occupation:	Job Title:	Start Date:
Employer's Name:		Supervisor/Manager:		Supervisor Email:
Employer's Address:				Supervisor Tel. Number:
Work Schedule: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/>				
Pay period: Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain) <input type="checkbox"/> _____				
Do you receive: W-2 <input type="checkbox"/> 1099 <input type="checkbox"/>				

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Additional and/or Previous Employment/Work within past five (5) years:

Dates	Occupation	Employer's Name and Address	Employer E-mail/Phone
From		<i>Employer's name</i>	
To		<i>Employers address</i>	
From		<i>Employer's name</i>	
To		<i>Employers address</i>	
From		<i>Employer's name</i>	
To		<i>Employers address</i>	

Debtor's Gross Earnings from Employment/Work (including bonuses, awards, commissions, tips, etc.):

Year-to-date Gross Earnings	Prior Year Gross Earnings
\$	\$

SECTION 6: BUSINESS INTERESTS – DEBTOR

Within the last five years, have you owned and/or controlled any business or businesses? Yes ☐ No ☐

If yes, please provide the following information:

Business Name:		Business Address:	
Current Status of Business:	Business Purpose:	Ownership Percentage:	Date Ownership Acquired:
List each position held and duties performed:			Federal Tax ID No.:
Year-to-date Gross Revenue		Prior Year Gross Revenue	
\$		\$	
Year-to date Net Earnings		Prior Year Net Earnings	
\$		\$	
Registered Agent Name and Address:		Form of Business (<i>Corp., Partnership, Sole Proprietorship, etc.</i>):	
Additional Business Owner:	Contact Information (<i>address, telephone number, and/or email</i>):		
Additional Business Owner:	Contact Information (<i>address, telephone number, and/or email</i>):		

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SECTION 7: EMPLOYMENT DATA – SPOUSE *(Include all work arrangements, whether employee, contractor, seasonal, etc.)*

Does your spouse have a job? Yes <input type="checkbox"/> No <input type="checkbox"/>	Self-Employed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Occupation:	Job Title:	Start Date:
Employer's Name:		Supervisor/Manager:	Supervisor Email:	
Employer's Address:			Supervisor Tel. Number:	
Pay period: Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other <i>(explain)</i> <input type="checkbox"/> _____				

Additional and/or Previous Employment/Work within past five (5) years:

Dates	Occupation	Employer's Name and Address	Employer E-mail/Phone
From		<i>Employer's name</i>	
To		<i>Employers address</i>	
From		<i>Employer's name</i>	
To		<i>Employers address</i>	
From		<i>Employer's name</i>	
To		<i>Employers address</i>	

Spouse's Gross Earnings from Employment/Work *(including bonuses, awards, commissions, tips, etc.)*:

Year-to-date Gross Earnings	Prior Year Gross Earnings
\$	\$

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SECTION 8: BUSINESS INTERESTS – SPOUSE

Within the last five years, has s/he owned and/or controlled any business or businesses? Yes ☐ No ☐

If yes, please provide the following information regarding the business:

Business Name:		Business Address:	
Current Status of Business:	Business Purpose:	Ownership Percentage:	Date Ownership Acquired:
List each position held and duties performed:			Federal Tax ID No.:
Year-to-date Gross Revenue		Prior Year Gross Revenue	
\$		\$	
Year-to date Net Earnings		Prior Year Net Earnings	
\$		\$	
Registered Agent Name and Address:		Form of Business (<i>Corp., Partnership, Sole Proprietorship, etc.</i>):	
Additional Business Owner:	Contact Information (<i>address, telephone number, and/or email</i>):		
Additional Business Owner:	Contact Information (<i>address, telephone number, and/or email</i>):		

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SECTION 9: INCOME/EXPENSE SHEET – COMBINED HOUSEHOLD FOR DEBTOR AND SPOUSE

This is an estimate of your **MONTHLY** earnings and bills/obligations.

NOTE: If household expenses are shared with anyone other than your legal spouse (e.g., roommate, girlfriend/boyfriend/live-in companion, or relative), claim ONLY YOUR PORTION of the household expenses. If you have any additional income/expenses not already listed below, please add them in the blank spaces.

	Debtor	Spouse		Household
Net Income from Wages:	\$	\$	Rent/Mortgage:	\$
Net Earnings from Business:	\$	\$	Property Taxes:	\$
Rental Income:	\$	\$	Homeowner's/Renter's Insurance:	\$
Interest Income:	\$	\$	Mortgage on other properties:	\$
Dividend/Distribution Income:	\$	\$	Vehicle Payment - 1:	\$
Monetary Gifts:	\$	\$	Vehicle Payment - 2:	\$
Child Support:	\$	\$	Vehicle Payment - 3:	\$
Unemployment Income:	\$	\$	Gasoline:	\$
AFDC and/or Food Stamps:	\$	\$	Alimony:	\$
Pension Income:	\$	\$	Childcare/Children's Education Cost:	\$
Other Retirement Income:	\$	\$	Child Support:	\$
Social Security Income:	\$	\$	Court Ordered Payments (<i>other than Alimony/Child Support</i>):	\$
Disability Insurance Income:	\$	\$	Automobile Insurance:	\$
Payments from Trusts:	\$	\$	Health Insurance:	\$
Online platform revenues, Sponsorships, and/or royalties:	\$	\$	Medical Expenses:	\$
Other Monthly Income (<i>explain below</i>):			Groceries:	\$
	\$	\$	Electricity:	\$
	\$	\$	Natural Gas/Propane:	\$
	\$	\$	Water/Sewage/Trash:	\$
	\$	\$	Home Telephone:	\$
	\$	\$	Cellular/Mobile Telephone:	\$
	\$	\$	Cable/Satellite TV/Streaming Services:	\$
	\$	\$	Internet:	\$
	\$	\$	Tuition:	\$
	\$	\$	Other Expenses (<i>explain below</i>):	
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
<u>TOTAL INCOME PER MONTH:</u>	\$		<u>TOTAL MONTHLY EXPENSES:</u>	\$

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SECTION 10: ASSETS – DEBTOR AND SPOUSE**SUBPART A. BANK, CREDIT UNION, FINANCIAL INSTITUTION, ACCOUNTS** (include all foreign accounts)Do you have ANY accounts at ANY financial institution? Yes ☐ No ☐

If yes, you are required to disclose all financial accounts to which you have access, whether personal or business, including, without limitation, the following: Checking Accounts, Savings Accounts, Mobile Service Payment Apps (e.g., PayPal, Zelle, Venmo, etc.), Certificates of Deposit, Investment Accounts, Stocks, Bonds, Mutual Funds, IRA, KEOGH, 401(k), TSP, and any and all types of Retirement Accounts. Include any account held in the name of your children (e.g., 529 Plan(s) or any other education savings account(s)).

Name of Financial Institution	I – Individual Acct J – Joint Acct	Type of Account	Account Number	Routing Number	Current Balance (\$)
	<input type="checkbox"/> -I <input type="checkbox"/> -J				\$
	<input type="checkbox"/> -I <input type="checkbox"/> -J				\$
	<input type="checkbox"/> -I <input type="checkbox"/> -J				\$
	<input type="checkbox"/> -I <input type="checkbox"/> -J				\$
	<input type="checkbox"/> -I <input type="checkbox"/> -J				\$
	<input type="checkbox"/> -I <input type="checkbox"/> -J				\$
	<input type="checkbox"/> -I <input type="checkbox"/> -J				\$
	<input type="checkbox"/> -I <input type="checkbox"/> -J				\$

SUBPART B. LIFE INSURANCEAre you insured with and/or the beneficiary of any life insurance policy? Yes ☐ No ☐

If yes, please provide the following information. (Make a copy of this page if you have additional policies to include.)

Identity of Insured: (e.g., Debtor/Spouse/Parents)		
Name of Beneficiary: (e.g., Debtor/Spouse/Parents)		
Name of Insurance Company:		
Address of Insurance Company:		
Type of Policy: (e.g., Whole/Term/Universal/Variable)		
Face Amount of Policy:	\$	\$
Total Cash Surrender Value:	\$	\$
Total Loans Against Policy:	\$	\$
Yearly Premium:	\$	\$
To Whom Policy Is Assigned:		

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SECTION 11: ASSETS – DEBTOR AND SPOUSE -- (Continued)

SUBART A. FAIR MARKET VALUE OF ALL REAL ESTATE (include property held outside of the U.S.)

Do you, your spouse and/or any businesses identified in Sections 6 and/or 8 own any real estate?

Yes ☐ No ☐

If yes, how many real properties? _____

If yes, list below all property owned by you, your spouse, and/or any businesses identified in Sections 6 and/or 8.

Are any rental properties? Yes ☐ No ☐

If yes, provide copies of all rental lease agreements.

1st Property Address:		Name on Title/Deed and Ownership Percentages:	
Description of Property:	Purchase Price: \$	Current Fair Market Value: \$	Basis of Valuation:
Date Acquired:	Gross Mortgage Amount: \$	Unpaid Mortgage Amount: \$	Monthly Mortgage Payment: \$
Name and Address of Mortgage Holder:			Mortgage Loan Acct. No.:
Lien Amount (other than 1st mortgage): \$	Monthly Lien Payment: \$		Lien Account Number:
Name and Address of Lien Holder:			Rental Income (if any): \$
2nd Property Address:		Name on Title/Deed and Ownership Percentages:	
Description of Property:	Purchase Price: \$	Current Fair Market Value: \$	Basis of Valuation:
Date Acquired:	Gross Mortgage Amount: \$	Unpaid Mortgage Amount: \$	Monthly Mortgage Payment: \$
Name and Address of Mortgage Holder:			Mortgage Loan Acct. No.:
Lien Amount (other than 1st mortgage): \$	Monthly Lien Payment: \$		Lien Account Number:
Name and Address of Lien Holder:			Rental Income (if any): \$

Do you, your spouse and/or any business identified in Sections 6 and/or 8 have real estate under contract pending to be purchased or sold? Yes ☐ No ☐

Property Address:		Name of Seller/Buyer:	
Description of Property:	Contract Price: \$	Principal Amount Owed/Due: \$	Date of Next Payment:

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SECTION 11: ASSETS – DEBTOR AND SPOUSE -- (Continued)***SUBART B. AUTOMOBILES, TRUCKS, BOATS, AIRPLANES, AND OTHER VEHICLES***

Do you, your spouse, and/or any businesses identified in Sections 6 and/or 8 possess any vehicles?

Yes ☐ No ☐

If yes, how many? ____ If yes, provide details.

		1st Vehicle	2nd Vehicle	3rd Vehicle
Vehicle Type				
Make/Model/Year				
Registered Owner's Name				
VIN/HIN/N-number				
Registration State				
State Registration or License Plate Number				
Vehicle Location				
Date Acquired				
Lease or Own				
If you OWN the vehicle, state:	Purchase Price	\$	\$	\$
	Current Value	\$	\$	\$
	Lender's Name			
	Loan Account No.			
	Original Loan Amt.	\$	\$	\$
	Current Loan Balance	\$	\$	\$

SUBPART C. OTHER ASSETS

All other assets, including but not limited to, cash, pre-paid cash cards, gold coins, precious metals, cryptocurrency (e.g., *Bitcoin, Ethereum, Ripple*), digital currency, non-fungible token (*NFT*), collectibles, fine jewelry, antiques, patents, copyrights, mineral rights, oil rights, etc.? Yes ☐ No ☐ If yes, provide details:

Type of Asset	Legal Owner Name	Asset Location	Purchase Price (\$)	Current Value (\$)
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

SECTION 12: QUESTIONS REGARDING ASSETS

QUESTION	RESPONSE FOR DEBTOR	(if applicable) RESPONSE FOR SPOUSE
A. Do you and/or your spouse or minor children own or hold any securities not listed above? <i>(If yes, in the space below, identify the type of stock, number of shares owned, how are they held (e.g., paper certificates, broker, etc.), where are they located, and estimated value.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
B. Are you and/or your spouse a board member, officer, or director of any corporation? <i>(If yes, in the space below, please provide details, including name and address of corporation, terms of service, and compensation received.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
C. Are you and/or your spouse a partner in any particular partnership? <i>(If yes, in the space below, provide details, i.e., name and address of the partnership, identify all partners, and percentage of partnership.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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QUESTION	RESPONSE FOR DEBTOR	(if applicable) RESPONSE FOR SPOUSE
D. Are you and/or your spouse or minor children involved in a lawsuit, or intend on filing a lawsuit, in which you seek monetary compensation? <i>(If yes, in the space below, provide details re: the name of the lawsuit, Court, Case Number, your attorney's name and contact information, and the amount of your claim.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
E. Do you and/or your spouse have any pending contractual claims, legal claims, including debts owed to you by others, and/or insurance claims for monetary compensation? <i>(If yes, provide details re: the type(s) of claim(s), value of claim(s), and details on compensation.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
F. Are you and/or your spouse the Executor or Beneficiary of anyone's will and testament? <i>(If yes, in the space below, provide details.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
G. Are you and/or your spouse the Trustor, Trustee, and/or Beneficiary of any Trust? <i>(If yes, in the space below, provide details.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
H. Have you and/or your spouse placed any assets, directly or indirectly, in any Trust in the last five (5) years? <i>(If yes, in the space below, provide details.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
I. Do you and/or your spouse have any lease agreements with tenants for any of your real estate properties? <i>(If yes, in the space below, provide details.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
J. Have you, your spouse, and/or your dependents received any cumulative gifts from a single source, including inheritance or trusts, valued over \$5,000 in the last three (3) years? <i>(If yes, in the space below, provide details.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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QUESTION	RESPONSE FOR DEBTOR	(if applicable) RESPONSE FOR SPOUSE
K. Has anyone or any entity extended a loan to you and/or your spouse valued over \$1,000 in the last three (3) years? <i>(If yes, in the space below, provide details. If terms are in writing, attach a copy.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
L. Do you and/or your spouse have a safe or safe deposit box where you keep valuables? <i>(If yes, in the space below, provide details on the location of the safe and/or safe deposit box, the contents, and the value of each item.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
M. Have you and/or your spouse filed for bankruptcy in the last ten (10) years? <i>(If yes, in the space below, provide case number, attorney's name.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
N. Are your wages and/or your spouse's wages under garnishment at this time? <i>(If yes, provide details – By whom? How often? How much? For what purpose?)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
O. Have you and/or your spouse used any mobile payment apps (e.g., PayPal, Venmo, Square Cash, Google Wallet, Apple Pay, etc.) in the last three (3) years? <i>(If yes, provide details – Which apps? How often? How much? For what purpose?)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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SECTION 13: TAXES – DEBTOR AND SPOUSE**Did you and/or your spouse file Tax Returns, and/or Amended Tax Returns, in any of the last two (2) years?**Yes ☐ No ☐ (If yes, mark each box that applies to your (and/or your spouse's) Tax Returns from the years requested below.)

Current Tax Year	Debtor	Spouse	Prior Tax Year	Debtor	Spouse
Federal Tax Returns:	<input type="checkbox"/>	<input type="checkbox"/>	Federal Tax Returns:	<input type="checkbox"/>	<input type="checkbox"/>
State Tax Returns:	<input type="checkbox"/>	<input type="checkbox"/>	State Tax Returns:	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Tax Returns:	<input type="checkbox"/>	<input type="checkbox"/>	Foreign Tax Returns:	<input type="checkbox"/>	<input type="checkbox"/>
Individual Returns:	<input type="checkbox"/>	<input type="checkbox"/>	Individual Returns:	<input type="checkbox"/>	<input type="checkbox"/>
Joint Returns:	<input type="checkbox"/>	<input type="checkbox"/>	Joint Returns:	<input type="checkbox"/>	<input type="checkbox"/>
Business Returns:	<input type="checkbox"/>	<input type="checkbox"/>	Business Returns:	<input type="checkbox"/>	<input type="checkbox"/>
Trust Returns:	<input type="checkbox"/>	<input type="checkbox"/>	Trust Returns:	<input type="checkbox"/>	<input type="checkbox"/>
Refund: Yes <input type="checkbox"/> No <input type="checkbox"/> Amount Refunded: \$			Refund: Yes <input type="checkbox"/> No <input type="checkbox"/> Amount Refunded: \$		

SECTION 14: TRANSFERS/GIFTS/LOANS – DEBTOR AND SPOUSE**Have you and/or your spouse transferred ownership, directly or indirectly, of any funds, and/or real or personal property worth \$10,000 or more within the last three (3) years, not otherwise identified on this disclosure statements?**Yes ☐ No ☐

If yes, please provide the following information:

Date	Value (\$)	Property Transferred	From	To
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			

SECTION 15: FAVORABLE JUDGEMENTS AND SETTLEMENTS – DEBTOR AND SPOUSEHave you received a settlement or favorable judgment in the last five (5) years? Yes ☐ No ☐

If yes, please provide the following information:

Date of Judgment	Name of Court of Judgment	Name, Address, and Telephone Number of Opposing Party	County/State of Judgement and Case Number	Value (\$)
				\$
				\$
				\$
				\$
				\$

SECTION 16: LIABILITIES – DEBTOR

Provide the following information regarding your outstanding debts:

Type of Debt	Creditor	Contact Information	Account Number	Balance (\$)
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

SECTION 17: REQUIRED COPIES OF FINANCIAL RECORDS, ASSETS, AND LIABILITIES

In connection with this financial disclosure statement, you are required to produce to the United States Attorney's Office for the _____, the following documentation in your possession, custody, and/or control. **Please Check Each Type of Document in your possession, custody, and/or control and submit copies with this disclosure.**

- ☐ **Employment Income** – Paystubs for the last twelve (12) pay periods for you and/or your spouse for all employment identified in [Section 5](#) and/or [Section 7](#).
- ☐ **Business Records** – For each and every business in which you (and/or your spouse) have had any ownership interest (excluding any publicly traded businesses) in the last three (3) years, including, without limitation, any business(es) identified in [Section 6](#) and/or [Section 8](#), provide all Profit and Loss Statements, Balance Sheets, and Cash Flow Statements for the last twelve (12) months.
- ☐ **Non-Employment Income** – Statements for the past twelve (12) months reflecting income received (and/or your spouse) from any source other than employment, including, without limitation, those sources identified in [Section 6](#), [Section 8](#), [Section 9](#), and/or [Section 11](#).
- ☐ **Government Benefits** – Statements for the last twelve (12) months reflecting any government benefits received by you, including, without limitation, any benefits identified in [Section 9](#).
- ☐ **Credit Cards** – Statements for the last twelve (12) months for all of your (and/or your spouse's) credit cards, including, without limitation, any identified in [Section 9](#) and/or [Section 16](#).
- ☐ **Bills/Expenses** – Statements for the last twelve (12) months establishing all monthly expenses identified in [Section 9](#) and/or [Section 16](#).
- ☐ **Financial Account Statements** – Account Statements and copies of cancelled checks for the past twenty-four (24) months for all financial accounts you (and/or your spouse) access including, without limitation, those identified in [Section 10, Subpart A](#).
- ☐ **Life Insurance** – Copies of the life insurance policies identified in [Section 10, Subpart B](#).
- ☐ **Mortgage Statements** – Monthly statements for the last twelve (12) months for all mortgages either (a) paid by you (and/or your spouse) regardless of how the property is held, and/or (b) on all properties identified in [Section 11, Subpart A](#).
- ☐ **Real Property Lease Agreements** – For each and every real estate property on which you (and/or your spouse) collect or pay rent, provide a copy of the rental (lease) agreement, including, without limitation, any properties identified in [Section 11, Subpart A](#) and/or [Section 12, Question B](#).
- ☐ **Vehicles** – Title(s) and Registration certificate(s) for all motor vehicles, aircraft and watercraft owned and/or leased by you (and/or your spouse), including, without limitation, those identified in [Section 11, Subpart B](#).
- ☐ **Investments** – Quarterly statements for the last four (4) quarters for all investment accounts, in which you (and/or your spouse) have an ownership interest, including, without limitation, those identified in [Section 11, Subpart A](#) and/or [Section 12, Question A](#).
- ☐ **Lawsuits** – All complaints and judgments in any civil lawsuit in which you are a party, including, without limitation, those identified in [Section 12, Question D](#).

(list continued on the next page...)

My response(s) on this page are current, accurate, and complete as of the date that I submit this Financial Disclosure Statement to the United States Attorney's Office, under penalty of perjury. **Debtor's Initials:** _____

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- ☐ **Trusts** – For each and every trust for which you are a trustor, trustee, and/or beneficiary, including, without limitation, those identified in [Section 12, Question G](#), provide all trust agreements, trust tax returns for the last three (3) years, a list of the original and the current trust assets and their values, trust bank account statements for the last twelve (12) months, and all documents showing disbursements from the trusts (for the past 3 years).
- ☐ **Personal Property** – Documents reflecting the transfer of ownership of any personal property valued at \$5,000 or more within the last three (3) years, including, without limitation, those transfers identified in [Section 12, Question J](#) and/or [Section 14](#).
- ☐ **Loan Applications** – All applications submitted by you (and/or your spouse) to obtain a loan within the last three (3) years, including, without limitation, those identified in [Section 12, Question K](#).
- ☐ **Tax Returns** – Federal and State tax returns for the last three (3) years, filed by you and/or your spouse identified in [Section 13](#), and/or any business identified in [Section 6](#) and/or [Section 8](#).
- ☐ **Documents Supporting Tax Returns** – All supporting schedules, W-2 Forms, 1099s, and other documents related to the Federal and State tax returns for the past three (3) years filed by you and/or your spouse identified in [Section 13](#), and/or any business identified in [Section 6](#) and/or [Section 8](#).
- ☐ **Promissory Notes** – All promissory notes reflecting that you (and/or your spouse) is a payee owed a sum of money now or in the future.
- ☐ **Certification Under Penalty of Perjury Form** – You **must** sign the required Certification Under Penalty of Perjury Form. A separate form is provided on the following page for your signature.

CERTIFICATION UNDER PENALTY OF PERJURY

Please read carefully. Sign and date in the spaces indicated.

With knowledge of the penalties for false statements provided by Title 18 § 1001 of the United States Code (\$250,000 fine and/or five years imprisonment) and with knowledge that this financial disclosure statement is submitted by me to affect action by the United States Department of Justice, I certify that the above disclosure statement is true and correct, and is a complete statement of all my income and assets, real and personal, whether held in my name or by any other. I further confirm that I will disclose any material change in my responses contained in this financial statement concerning any of my income and assets, real and personal, whether held in my name or by any other, within thirty days of such material change, and understand that my obligation to amend this financial statement and disclose any additional responsive information remains ongoing. The United States Department of Justice or its agents may verify any information provided in the above disclosure statement by any means, including but not limited to, confirmation with any third parties.

My permission for such verification and the information set forth in the above disclosure statement are provided by me knowingly, deliberately, and voluntarily without duress, compulsion, or misconduct by the United States or any person.

I declare, under penalty of perjury under the laws of the United States, that the foregoing is true and correct.

EXECUTED ON THIS _____ DAY OF _____ (MONTH),
_____ (YEAR), AT _____ (CITY/STATE).

Please print and sign below. If returning this form via email, provide a scanned copy of this signed page to your District's United States Attorney's Office.

SIGNATURE/DEBTOR

PRINTED NAME/DEBTOR

If you were assisted by someone in filling out this financial statement, please state name and relationship, and have the person sign below.

SIGNATURE

RELATIONSHIP

PRINTED NAME

DATE